



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

518-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

#### **Requestor Name and Address**

GULF COAST MEDICAL EVALUATIONS  
1805 NORTHERN DRIVE  
LEAGUE CITY TX 77573

#### **Respondent Name**

INDEMNITY INSURANCE CO OF NORTH AMERICA

#### **Carrier's Austin Representative Box**

Box Number 15

#### **MFDR Tracking Number**

M4-11-0166-01

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "our provider is eligible to preform [sic]service billed."

**Amount in Dispute:** \$2460.98

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** The respondent did not submit a response to this request for medical fee dispute resolution.

**Response Submitted by:** None

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 23, 2010	CPT code 95900-59 (x2)	\$366.00	\$0.00
	CPT code 95903 (x4)	\$748.64	\$0.00
	CPT code 95904 (x6)	\$897.00	\$0.00
	CPT code 95860 (x1)	\$249.34	\$0.00
	CPT code 99244-25 (x1)	\$200.00	\$0.00
TOTAL		\$2460.98	\$0.00

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

## **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203, titled *Medical Fee Guideline for Professional Services*, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
3. 28 Texas Administrative Code §133.20, effective January 29, 2009, sets out the procedure for submitting medical bills.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated July 10, 2010

- 185-The rendering provider is not eligible to perform the service billed.
- W1-Workers Compensation state fee schedule adjustment.

Explanation of benefits dated August 9, 2010

- 185-The rendering provider is not eligible to perform the service billed.
- W1-Workers Compensation state fee schedule adjustment.
- X394-Our position remains the same if you disagree with our decision please contact the TWCC medical Dispute Resolution.
- VF01-Documentation does not support level of service billed.

## **Issues**

1. Does the documentation support level of service billed for nerve studies?
2. Does the documentation support level of service billed for office consultation?

## **Findings**

1. The respondent denied reimbursement for the disputed services based upon "VF01-Documentation does not support level of service billed."

On the disputed date of service, the requestor billed for nerve studies with CPT code 95900-59, 95903, 95904, and 95860.

A review of the submitted documentation indicates that the June 23, 2010 nerve studies report was signed by Demetris A. Green, MD.

The CMS-1500 bill in box #31 indicates that the provider is Lawrence Wayne Parks DC.

The requestor's letter dated July 20, 2010 states "Performing an EMG is within a chiropractor's scope of practice. Dr. Demetrius Green MD is the supervising physician and he over reads all reports. The AAEM has taken the position that in order to conform to Medicare regulations, a physician (M.D.) must provide supervision of the NCV/EMG testing and be available to furnish assistance and direction, if needed. This is the role Dr. Green provided, but he did not perform the test."

28 Texas Administrative Code §133.20(e)(2) requires "A medical bill must be submitted: in the name of the licensed health care provider that provided the health care or that provided direct supervision of an unlicensed individual who provided the health care."

A review of the submitted medical bill indicates that Lawrence Wayne Parks, DC, billed for the whole procedure. The documentation does not support that Dr. Parks performed the whole procedure for the disputed services, only the technical portion. Therefore, the documentation does not support the level of service billed. As a result, reimbursement is not recommended.

2. On the disputed date of service, Dr. Parks also billed for code 99244-25.

CPT code 99244 is defined as "Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family."

Dr. Parks appended modifier 25 to code 99244 to identify a significant, separate evaluation and management service.

Modifier 25 is defined as "It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care

associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (see Evaluation and Management Services Guidelines for instructions on determining level of E/M service). The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service.”

A review of the submitted documentation finds that Dr. Parks did not submit a copy of the consultation report to support billing of CPT code 99244-25; therefore, reimbursement is not recommended.

**Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

**Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
5/31/2012  
Date

***YOUR RIGHT TO REQUEST AN APPEAL***

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**